



**SELF-ASSESSMENT**  
for  
School year: \_\_\_\_\_

**School District:** \_\_\_\_\_

**Child Nutrition Partner:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

**Teacher, Administrator, Nurse Partner:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

*Since it is difficult to remember in July all the activities done during the school year, consider continually updating this document. In addition, use this self-assessment as a marketing tool to report your accomplishments to administrators.*

**Due: July 15**

## **The SHAPE California Lead Team**

### **SELF-ASSESSMENT**

Please describe how both partners worked together during the school year to implement the SHAPE California Approach.


### **Offering Healthy Meals**

Put an “X” next to the menu planning options being implemented in the district.

Options:

\_\_\_\_\_ NSMP/SHAPE

\_\_\_\_\_ NSMP/USDA

\_\_\_\_\_ Food Based /USDA

\_\_\_\_\_ Revised Meal Pattern/SHAPE

## **Target Sites**

### **SELF-ASSESSMENT**

Please list the SHAPE California target school sites and briefly describe what activities occurred at each site.

<b>Site Name</b>	<b>Describe activities that occurred at site</b>

**(you can make an extra copy of this page, if needed)**

## **Promoting Student Nutrition Education**

### **SELF-ASSESSMENT**

How did the partners support the teachers in their efforts to incorporate or bridge nutrition *into the core curriculum*?


How did the partners support the teachers in their efforts to teach nutrition *as a stand-alone subject*?


**Promoting Student Nutrition Education (continued)**  
**SELF-ASSESSMENT**

How was nutrition education promoted in the cafeteria?

How was the linkage of nutrition education in the cafeteria and the classroom promoted?

## **Building and Maintaining Partnerships**

### **SELF-ASSESSMENT**

List the activities used to foster partnership building in your district. Put an "X" by the group(s) that participated in each activity.

Partnering Activity	*S	*T	*A	*SN	*CNS	*P/C
<i>Example: Cafeteria tour</i>	X	X			X	X

\*S =Students

\* CNS =Child Nutrition Staff

\*T =Teachers

\*P/C =Parents/Community

\*A =Administrators

\*SN =School Nurses

## **Implementing Nutrition Policy**

### **SELF-ASSESSMENT**

Identify the policies you worked on during the school year and the status of these policies.

Policy Focus	Worked on developing a policy.	Policy Approved	Policy Implemented
Competitive food sales			
A la carte sales			
Health education			
Nutrition education			
Breakfast program			
Staff training-teachers			
Staff training-child nutrition			
Other:			

## **Marketing**

### **SELF-ASSESSMENT**

Put an "X" in the column that indicates which marketing activities and promotions were conducted with which group(s). List additional activities in the space provided.

Marketing Activity	Not Planned	*S	*T	*A	*SN	*CNS	*P/C
Menu slicks							
Parent articles							
Quarterly newsletter							
Incentives and rewards							
Other:							

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## **Professional Development**

### **SELF-ASSESSMENT**

Indicate professional development activities that occurred during the school year, when they occurred, and the length of the training. Put an "X" in the column that indicates who received the training.

Professional Development Topics	Month of training	Hours of training	*T	*A	*SN	*CNS	*P/C
<i>Example: Basic Nutrition</i>	<i>OCTOBER</i>	<i>2</i>	<i>X</i>			<i>X</i>	

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